

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: SIENNA CREST-OREGON (111073)

Address: 981 PARK STREET, OREGON, WI 53575

License Status: REGULAR

Licensed/Certified/Registered 03/25/1999

Regional Office: SOUTHERN REGION (MADISON), (608) 243-2370

Survey History

Survey ID: 0094673 **End Date:** 04/20/2005 **Type:** STANDARD **Purpose:** COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10008209 Served 05/04/2005

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.41(10)(b)	MECHANICALS IN GOOD REPAIR		

Survey ID: 0092813 **End Date:** 06/10/2004 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10008018 Served 06/29/2004

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(2)(a)1	PHYSICAL HEALTH	04/20/2005	Yes
83.33(3)(e)4	UNIT DOSE OR UNIT TIME PACKETS	04/20/2005	Yes
83.41(10)(b)	MECHANICALS IN GOOD REPAIR		
83.41(9)	CLEANLINESS OF ROOMS	04/20/2005	Yes
83.43(3)(b)1	TESTING BY SERVICE COMPANY	04/20/2005	Yes

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

DEPARTMENT OF HEALTH AND FAMILY SERVICES
Division of Disability and Elder Services
Printed 07/28/2006

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STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Survey ID: 0090617 **End Date:** 07/08/2003 **Type:** OTHER **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

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Enforcement History

Date: 05/02/2005 **SOD #10008209** **Appealed: No**

Sanctions

FORFEITURE---83.41(10)(b)

Date: 06/28/2004 **SOD #10008018** **Appealed: Yes** **Decision: DISMISSED**

Sanctions

COMPLY WITH FACILITY PLAN OF CORRECTION

FORFEITURE---83.41(10)(b)

FORFEITURE---83.43(3)(b)1

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Complaint History

Date Complaint Received: 03/30/2005

Date Investigation Completed: 04/20/2005

Subject Area(s)
MEDICATIONS

Result
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 03/22/2005

Date Investigation Completed: 04/20/2005

Subject Area(s)
MEDICATIONS
ADMINISTRATION

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

Date Complaint Received: 02/21/2005

Date Investigation Completed: 04/20/2005

Subject Area(s)
MEDICATIONS
ADMINISTRATION

Result
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

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